

<b>Meeting Attendees</b>	
<b>Name</b>	<b>Organization</b>
Ian McCaslin (Co-Chair)	MO HealthNet
Karl Kochendorfer	University of Missouri - Columbia
Eric Adams	ScImage
Brian Bernskoetter	Sandlot
Jim Bettendorf	Gateway, EDI, LLC
Brian Bowles	Missouri Association of Osteopathic Physicians & Surgeons
Steve Calloway, RPh	University Hospital
Mark Cone	N-Tegrity Solutions
Matt Duffy	Bass & Associates, Inc.
Kay Forest	St. John's Clinic
Don Fowls, MD	Infocrossing Healthcare Services
Susan Hinck	Missouri Health Advocacy Alliance
Neal Holt	Sac-Osage Hospital
Joy Jacobsen	CareEntrust
W. Joseph Ketcherside, MD	Health Informatics/Corporate Strategy
Jessica Land	Patek & Assoc.
Denni McColm	Citizens Memorial Healthcare
Patrick Mills	Missouri State Medical Association
Zachary Morgan	The MEPS Corporation
Ebrahim Moshiri, PhD	Object Computing, Inc.
Drew Oestreich	Pharmacy Agent Corporation
Carmen Parker Bradshaw, MPA	Springfield-Greene County Regional Health Commission
Vicki Plumlee	Elk River Health Services, MO Rural Health Assoc.
Matt Reidhead	MO Dept. HSS
Theresa Rogers	Missouri Hospital Association
Brian Roy	Availity, LLC
Benoy Thomas	MU Graduate Student
Felix Vincenz, PhD	Missouri Center for Comprehensive Psychiatric Services
Susan Wilson, MBA	MO Primary Care Assoc.
<b>Staff</b>	
Ian McCaslin, MD	MO HealthNet Division
George Oestreich	MO HealthNet Division
Charlotte Krebs	Primaris
Tim Andrews	Manatt Health Solutions
Melinda Dutton	Manatt Health Solutions
Kier Wallis	Manatt Health Solutions

<b>Next Meeting</b>	<p>February 9, 2010, 8:30 am – 11:30 am CT 205 Jefferson Street, 10th Floor, Conference Room B, in Jefferson City, MO One-way participant dial-in: 866-922-3257, Participant Code: 57683250#.</p>
<b>Action Items</b>	<p><i>The Business and Technical Operations Workgroup will meet bi-weekly. In-person attendance is strongly recommended.</i></p> <p>Please contact Workgroup staff (contact information below) with questions about the Workgroup framework, process, or timeline</p> <ul style="list-style-type: none"> <li>➤ Individuals are encouraged to share comments on the Meaningful Use Notice of Proposed Rulemaking (NPRM) with Workgroup staff and Co-Chairs.</li> <li>➤ Please review the Manatt Meaningful Use memo available online at <a href="http://dss.mo.gov/hie/resources/index.shtml">http://dss.mo.gov/hie/resources/index.shtml</a></li> <li>➤ Individuals are encouraged to attend one of two Meaningful Use Webinars on January 25th and February 3rd. For Webinar details please visit <a href="http://dss.mo.gov/hie/calendar.shtml">http://dss.mo.gov/hie/calendar.shtml</a>.</li> <li>➤ Workgroup participants are asked to review and send comments/feedback on the Strategic Plan to <a href="mailto:kwallis@manatt.com">kwallis@manatt.com</a>.</li> <li>➤ Workgroup participants to send suggestions of additional stakeholders to <a href="mailto:ckrebs@primaris.org">ckrebs@primaris.org</a>.</li> </ul>
<b>Content Reviewed</b>	<ul style="list-style-type: none"> <li>➤ Brief overview and discussion of Meaningful Use</li> <li>➤ Meeting recap and Workgroup timeline</li> <li>➤ Stakeholder feedback in response to questions posed during recent Workgroup meeting</li> <li>➤ Draft Strategic Plan</li> <li>➤ HIE Prioritization Approach</li> <li>➤ Next Steps</li> </ul> <p><i>Materials are available online at <a href="http://dss.missouri.gov/hie">dss.missouri.gov/hie</a></i></p>
<b>Key Commentary &amp; Discussion</b>	<p><b>Meaningful Use Notice of Proposed Rule Making (NPRM)</b></p> <ul style="list-style-type: none"> <li>➤ The proposed rule assumes that providers have an electronic health record (EHR); an EHR certification rule is anticipated in the near future</li> </ul> <p><b>Draft Strategic Plan – Discussion</b></p> <ul style="list-style-type: none"> <li>➤ The Strategic Plan timeline is aggressive; stakeholders are welcome to sent comments on an ongoing basis to <a href="mailto:kwallis@manatt.com">kwallis@manatt.com</a> for incorporation into future iterations of the Strategic Plan</li> <li>➤ The Environmental Scan included within the Strategic Plan is a scan of health IT and HIE activities in Missouri; it is not an assessment of efforts</li> <li>➤ Summary of Strategic Plan content <ul style="list-style-type: none"> <li>○ There is general consensus that MO should pursue an incremental approach and participate in the NHIN; the implementation strategy remains to be discussed</li> <li>○ There is a definite need for a Statewide HIO and regional HIOs; the Statewide HIO will be a new organization (Governance Workgroup has recommended the creation of a not-for-profit governance entity)</li> <li>○ There are statewide services that the Statewide HIO should offer</li> <li>○ The Statewide HIO must ensure that all providers have access to services to meet meaningful use criteria; it has not been decided whether the Statewide HIO will directly operate any such services</li> </ul> </li> </ul>

- Core infrastructure services: The Strategic Plan identifies attempts to reflect Workgroup consensus around HIE services
- The Strategic Plan should reflect those services required to meet Meaningful Use requirements
- Interstate interoperability should be facilitated by adherence to national standards; the Strategic Plan should emphasize the intent to adhere to national standards
- The Strategic Plan states that existing initiatives are contemplating NHIN participation; stakeholders are interested in known which initiatives plan to connect to the NHIN
- HIE services have been listed for discussion and prioritization – services are not currently prioritized in the draft Strategic Plan
  - E-prescribing, eligibility, and labs are services that are typically prioritized, yet they are already available in some form or through a direct interface
    - Direct interfaces may be costly and less efficient than offering certain services through a Statewide HIO
    - Statewide interfaces may offer scalability and cost advantages for small and rural providers; larger hospitals and health systems may be able to afford direct interfaces
    - E-prescribing may be viewed by some as a redundant services because of the Surescripts network, yet Surescripts does not ensure two way communication between the pharmacy and provider or complete patient medication history
  - Parallel infrastructure should not be created unless it will help to enable services operating with existing infrastructure
  - Services required for Meaningful Use should be prioritized
  - Lower priority/additional services should be removed from the current draft and the language softened (e.g. no prioritization among additional services should be indicated)

**Straw Model Prioritization Exercise** – Karl Kochendorfer lead the discussion

- Services are ranked against criteria: Value, level of ease, Meaningful Use, and relevance of statewide HIE
  - Relevance of statewide HIE – To what extent is the Statewide HIO uniquely qualified to provide a service and what is its value; statewide HIE should be secondary to clinical value
  - While there is also a return on investment (ROI) associated with each service, this exercise is focused on clinical value
  - Clinical value should have the most weight
  - Additional criteria
    - Current market penetration
    - “Who is willing to pay for this service”
- E-prescribing example
  - One third to one half of Missouri patients have a chronic disease – high clinical impact
  - Level of ease of implementing – Medium (Soup to nuts)
  - What is the current market/penetration of e-prescribing? Unknown
- It will be important to convey a message that appeals to clinicians to help they understand and make the transition to Meaningful Use; the evaluation of a service's clinical value will speak to clinicians

<b>Key Decisions</b>	<ul style="list-style-type: none"> <li>▪ Prioritization is structured around clinical value out of recognition that rationale must appeal to clinicians</li> <li>➤ Aggregation of claims data may be a valuable service; physicians value knowledge from claims like allergy profiles, clinical summaries, etc.</li> <li>➤ Proposed weighting system (low, medium, high) provides sufficient granularity</li> <li>➤ Radiological images will be removed from the prioritization exercise to maintain consistency with Meaningful Use required services</li> <li>➤ The Workgroup may consider including a description of the prioritization exercise and an unpopulated matrix in a future iteration of the Strategic Plan</li> <li>➤ Prioritization exercise will require research, time, and effort to complete (e.g. what is the penetration of lab exchange in MO?)</li> </ul>
	<ul style="list-style-type: none"> <li>➤ Strategic Plan revisions <ul style="list-style-type: none"> <li>▪ Stakeholders are encouraged to send content for the Environmental Scan to <a href="mailto:kwallis@manatt.com">kwallis@manatt.com</a> for consideration/incorporation into the Strategic Plan</li> <li>▪ Edit additional services version of strategic plan to reflect no priorities among services</li> <li>▪ The Strategic Plan should reflect Meaningful Use guidance</li> </ul> </li> <li>➤ Straw model prioritization exercise <ul style="list-style-type: none"> <li>▪ The focus should be on identifying services with high clinical value; ROI and relevance of statewide HIE should not weighted equally with clinical value</li> <li>▪ Remove radiological images from exercise</li> </ul> </li> </ul>
<b>Next Meeting</b>	<ul style="list-style-type: none"> <li>➤ Review and provide feedback on draft Strategic Plan content to be shared in advance of the meeting.</li> <li>➤ Continue discussion of HIE service prioritization and criteria.</li> </ul>
<b>Workgroup Staff Contact Information</b>	<ul style="list-style-type: none"> <li>➤ George Oestreich - <a href="mailto:George.L.Oestreich@dss.mo.gov">George.L.Oestreich@dss.mo.gov</a></li> <li>➤ Tim Andrews – <a href="mailto:tandrews@highpine.com">tandrews@highpine.com</a></li> <li>➤ Melinda Dutton – <a href="mailto:mdutton@manatt.com">mdutton@manatt.com</a></li> <li>➤ Kier Wallis – <a href="mailto:kwallis@manatt.com">kwallis@manatt.com</a></li> </ul>